

General Assembly

Raised Bill No. 946

January Session, 2023

LCO No. 3546



Referred to Committee on HUMAN SERVICES

Introduced by: (HS)

AN ACT CONCERNING THE CONNECTICUT HOME-CARE PROGRAM FOR THE ELDERLY.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. Subsection (c) of section 17b-342 of the general statutes is
- 2 repealed and the following is substituted in lieu thereof (Effective July 1,
- 3 2023):
- 4 (c) The community-based services covered under the program shall
- 5 include, but not be limited to, the following services to the extent that
- 6 they are not available under the state Medicaid plan, occupational
- 7 therapy, homemaker services, companion services, meals on wheels,
- 8 adult day care, up to two social worker visits per participant in the
- 9 <u>program</u>, transportation, mental health counseling, care management,
- 10 elderly foster care, minor home modifications and assisted living
- 11 services provided in state-funded congregate housing and in other
- 12 assisted living pilot or demonstration projects established under state
- 13 law. Personal care assistance services shall be covered under the
- 14 program to the extent that (1) such services are not available under the
- 15 Medicaid state plan and are more cost effective on an individual client

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16 basis than existing services covered under such plan, and (2) the 17 provision of such services is approved by the federal government. 18 Family caregivers, including spouses, who provide personal care 19 assistance services to participants in the program shall be compensated 20 to the extent permissible under federal law. Recipients of state-funded 21 services and persons who are determined to be functionally eligible for 22 community-based services who have an application for medical assistance pending shall have the cost of home health and community-23 24 based services covered by the program, provided they comply with all 25 medical assistance application requirements. Access agencies shall not 26 use department funds to purchase community-based services or home 27 health services from themselves or any related parties.

- Sec. 2. Subsection (i) of section 17b-342 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1*, 30 2023):
- 31 (i) (1) The Commissioner of Social Services shall, within available 32 appropriations, administer a state-funded portion of the program for 33 persons (A) who are sixty-five years of age and older; (B) who are 34 inappropriately institutionalized or at risk of inappropriate 35 institutionalization; (C) whose income is less than or equal to the 36 amount allowed under subdivision (3) of subsection (a) of this section; 37 and (D) whose assets, if single, do not exceed one hundred fifty per cent 38 of the federal minimum community spouse protected amount pursuant 39 to 42 USC 1396r-5(f)(2) or, if married, the couple's assets do not exceed 40 two hundred per cent of said community spouse protected amount. [For 41 program applications received by the Department of Social Services for 42 the fiscal years ending June 30, 2016, and June 30, 2017, only persons 43 who require the level of care provided in a nursing home shall be 44 eligible for the state-funded portion of the program, except for persons 45 residing in affordable housing under the assisted living demonstration 46 project established pursuant to section 17b-347e who are otherwise 47 eligible in accordance with this section.]
 - (2) Except for persons residing in affordable housing under the

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assisted living demonstration project established pursuant to section 17b-347e, as provided in subdivision (3) of this subsection, any person whose income is at or below two hundred per cent of the federal poverty level and who is ineligible for Medicaid shall contribute [three] two per cent of the cost of his or her care. Any person whose income exceeds two hundred per cent of the federal poverty level shall contribute [three] two per cent of the cost of his or her care in addition to the amount of applied income determined in accordance with the methodology established by the Department of Social Services for recipients of medical assistance. Any person who does not contribute to the cost of care in accordance with this subdivision shall be ineligible to receive services under this subsection. Notwithstanding any provision of sections 17b-60 and 17b-61, the department shall not be required to provide an administrative hearing to a person found ineligible for services under this subsection because of a failure to contribute to the cost of care.

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(3) Any person who resides in affordable housing under the assisted living demonstration project established pursuant to section 17b-347e and whose income is at or below two hundred per cent of the federal poverty level, shall not be required to contribute to the cost of care. Any person who resides in affordable housing under the assisted living demonstration project established pursuant to section 17b-347e and whose income exceeds two hundred per cent of the federal poverty level, shall contribute to the applied income amount determined in accordance with the methodology established by the Department of Social Services for recipients of medical assistance. Any person whose income exceeds two hundred per cent of the federal poverty level and who does not contribute to the cost of care in accordance with this subdivision shall be ineligible to receive services under this subsection. Notwithstanding any provision of sections 17b-60 and 17b-61, the department shall not be required to provide an administrative hearing to a person found ineligible for services under this subsection because of a failure to contribute to the cost of care.

(4) The annualized cost of services provided to an individual under the state-funded portion of the program shall not exceed fifty per cent

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of the weighted average cost of care in nursing homes in the state. [, except an individual who received services costing in excess of such amount under the Department of Social Services in the fiscal year ending June 30, 1992, may continue to receive such services, provided the annualized cost of such services does not exceed eighty per cent of the weighted average cost of such nursing home care.] Services provided to an individual in the program shall include up to two visits by a licensed social worker. The commissioner may allow the cost of services provided to an individual to exceed the maximum cost established pursuant to this subdivision in a case of extreme hardship, as determined by the commissioner, provided in no case shall such cost exceed that of the weighted cost of such nursing home care.

(5) A family caregiver, including, but not limited to, a spouse, shall be compensated for any personal care assistance provided to an individual in the program.

- 98 Sec. 3. Subsection (a) of section 17b-242 of the general statutes is 99 repealed and the following is substituted in lieu thereof (*Effective July 1*, 100 2023):
 - (a) The Department of Social Services shall determine the rates to be paid to home health care agencies and home health aide agencies by the state or any town in the state for persons aided or cared for by the state or any such town. The Commissioner of Social Services shall establish a fee schedule for home health services to be effective on and after July 1, 1994. The commissioner may annually modify such fee schedule if such modification is needed to ensure that the conversion to an administrative services organization is cost neutral to home health care agencies and home health aide agencies in the aggregate and ensures patient access. Utilization may be a factor in determining cost neutrality. The commissioner shall increase the fee schedule for home health services provided under the Connecticut home-care program for the elderly established under section 17b-342, as amended by this act, effective July 1, 2000, by two per cent over the fee schedule for home health services for the previous year. The fee schedule shall include up

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to two visits by a licensed social worker to an individual enrolled in the Connecticut home-care program for the elderly. The commissioner may increase any fee payable to a home health care agency or home health aide agency upon the application of such an agency evidencing extraordinary costs related to (1) serving persons with AIDS; (2) highrisk maternal and child health care; (3) escort services; or (4) extended hour services. In no case shall any rate or fee exceed the charge to the general public for similar services. A home health care agency or home health aide agency which, due to any material change in circumstances, is aggrieved by a rate determined pursuant to this subsection may, within ten days of receipt of written notice of such rate from the Commissioner of Social Services, request in writing a hearing on all items of aggrievement. The commissioner shall, upon the receipt of all documentation necessary to evaluate the request, determine whether there has been such a change in circumstances and shall conduct a hearing if appropriate. The Commissioner of Social Services shall adopt regulations, in accordance with chapter 54, to implement the provisions of this subsection. The commissioner may implement policies and procedures to carry out the provisions of this subsection while in the process of adopting regulations, provided notice of intent to adopt the regulations is published in the Connecticut Law Journal not later than twenty days after the date of implementing the policies and procedures. Such policies and procedures shall be valid for not longer than nine months.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2023	17b-342(c)
Sec. 2	July 1, 2023	17b-342(i)
Sec. 3	July 1, 2023	17b-242(a)

Statement of Purpose:

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To expand access to the state-funded portion of the Connecticut home-care program for the elderly, compensate family caregivers and authorize and compensate up to two visits by licensed social workers to home-care clients.

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[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]

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